CENTRAL WISCONSIN CENTER FOR DD

317 KNUTSON DR

MADISON 53704 Phone: (608) 301-9418 Ownership: State Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/01): 463 No Total Licensed Bed Capacity (12/31/01): 463 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 364 Average Daily Census: 371

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	1. 9
Supp. Home Care-Personal Care	No	D 1 . 1 D. 1.1	400.0			1 - 4 Years	2. 7
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	98. 4	More Than 4 Years	95. 3
Day Services	No	Mental Illness (Org./Psy)	0. 0	65 - 74	1. 1		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	0.3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	0.0	Full-Time Equivaler	ıt
Congregate Meals	No	Cancer	0. 0		İ	Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & Over	1.6		
Transportati on	No	Cerebrovascul ar	0.0	`		RNs	15. 2
Referral Service	Yes	Di abetes	0.0	Sex	%	LPNs	15. 4
Other Services	Yes	Respiratory	0. 0		· Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	50. 5	Ai des, & Orderlies	86. 0
Mentally Ill	No			Femal e	49. 5		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	Yes				100. 0		
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Method of Reimbursement

		Medicare litle 18			ledicaid itle 19	-		0ther		F	ri vate Pay)		amily Care			anaged Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of 3 All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				364	100.0	371	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	364	100.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		364	100.0		0	0.0		0	0.0		0	0.0		0	0.0		364	100.0

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Admissions, Discharges, and Deaths During Reporting Period	I	Percent Distribution	of Residents'	Condi ti on	s, Services	s, and Activities as of 12/	31/01
		ľ		% N	eedi ng		Total
Percent Admissions from:		Activities of	%		tance of	% Totally	Number of
Private Home/No Home Health	90. 3	Daily Living (ADL)	Independent	One Or	Two Staff		Resi dents
Private Home/With Home Health	0.0	Bathi ng	0.0		21. 7	78. 3	364
Other Nursing Homes	0.0	Dressing	0. 0		40. 7	59. 3	364
Acute Care Hospitals	7.4	Transferri ng	0. 0		0. 0	100. 0	364
Psych. HospMR/DD Facilities	1. 1	Toilet Use	1.4		12. 4	86. 3	364
Rehabilitation Hospitals	0.0	Eati ng	0. 0		29. 1	70. 9	364
Other Locations	1. 1	*************	*****	******	******	*********	******
Total Number of Admissions	175	Conti nence		% S	pecial Trea	atments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	0. 3		Respiratory Care	15. 1
Private Home/No Home Health	87.8	Occ/Freq. Incontinent	t of Bladder	99. 5		Tracheostomy Care	6. 6
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	99. 5		Sucti oni ng	0. 0
Other Nursing Homes	0.0					Ostomy Care	49. 2
Acute Care Hospitals	2.7	Mobility				Tube Feeding	49. 5
Psych. HospMR/DD Facilities	0. 5	Physically Restrained	i	3. 8	Recei vi ng	Mechanically Altered Diets	45. 1
Rehabilitation Hospitals	0. 0						
Other Locations	3. 7	Skin Care		0		ent Characteristics	
Deaths	5. 3	With Pressure Sores		0. 0		nce Directives	36. 3
Total Number of Discharges		With Rashes		1.6 M	edi cati ons		
(Including Deaths)	188				Recei vi ng	Psychoactive Drugs	21. 2

	Thi s]	FDD	Al l			
	Facility	Fac	cilities	Faci	lties		
	%	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	80. 1	84. 6	0. 95	84. 6	0. 95		
Current Residents from In-County	10. 7	41. 3	0. 26	77. 0	0. 14		
Admissions from In-County, Still Residing	1. 1	17. 0	0. 07	20. 8	0. 05		
Admissions/Average Daily Census	47. 2	18. 6	2. 53	128. 9	0. 37		
Discharges/Average Daily Census	50 . 7	22. 2	2. 29	130. 0	0. 39		
Discharges To Private Residence/Average Daily Census	44. 5	9. 4	4. 75	52. 8	0. 84		
Residents Receiving Skilled Care	0. 0	0. 0	0.00	85. 3	0.00		
Residents Aged 65 and Older	1. 6	15. 8	0. 10	87. 5	0. 02		
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1. 46		
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0.00		
Developmentally Disabled Residents	100. 0	99. 7	1.00	7. 6	13. 19		
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0. 00		
General Medical Service Residents	0. 0	0. 1	0.00	19. 4	0. 00		
Impaired ADL (Mean)*	89. 4	50. 6	1. 77	49. 3	1. 81		
Psychol ogi cal Problems	21. 2	46. 6	0. 45	51. 9	0. 41		
Nursing Care Required (Mean)*	20. 9	11.0	1. 90	7. 3	2. 85		